

APPLICATION

\$50.00 per person

Make checks payable to Ft. Bend Fishermen

Date _____

Name _____

Address _____

City _____ Zip _____

Phone (_____) _____

Email _____

I have read, understand and agree to abide by the rules of the tournament and hereby release the principals and affiliates from all liability for damages whether real or punitive.

Signature of Entrant

ATTACH CHECK AND RETURN TO:

FT. BEND FISHERMEN
P.O. Box 1954
Richmond, TX 77406

The Tournament Committee reserves the right to refuse application or entry from any prospective entrant with or without cause. Any applicant refused entry will be entitled to a full refund of the entry fee All tournament entrants and participants must be willing to submit to a polygraph. Results of the polygraph are final. Violators will be banned from future participation in this tournament.

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